

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2769</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Richard</u> <u>Greene</u> P.O. Box, Bldg., Room No., if any Street <u>470 E 830 N</u> City <u>Valparaiso</u> State <u>Indiana</u> ZIP Code + 4 <u>46383</u>	4. Name, file number, and address of labor organization. Name <u>LIUNA Local #41</u> Labor Organization File Number <u>032100</u> P.O. Box, Building and Room Number, if any Street <u>6415 Kennedy AVE</u> City <u>Hammond</u> State <u>Indiana</u> ZIP Code + 4 <u>46323</u>
5. Position in labor organization. 	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	7. a. Nature of Interest, Transaction, or Income.     7. b. Amount.     

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richard Greene

On

Date

219-844-1315

Telephone Number

Name of Person Filing

Richard Greene

File Number U-

2769

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Indiana Laborers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Box 1587

Street

413 Swan St.

City

Terre Haute

State

Indiana

ZIP Code + 4

47608-1587

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Reimbursed Expense  
11-9-04

11.b. Approximate dollar value of such dealing.

\$1571.48

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

☐

or Consultant

☐

?

14.b. Amount of payment.

Name of Person Filing

Richard Greene

File Number U-

2769

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Legacy Professional LLPTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1FStreet 9301 Calumet AvCity Hammond MunsterState Indiana ZIP Code + 4 46410

## 9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CONSTRUCTION WORKERS PENSIONTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2111 W Lincoln HighwayCity MerrillvilleState Indiana ZIP Code + 4 46410

## 11.a. Nature of such dealing.

Dinner	246. <sup>00</sup>
Lunch	27

## 11.b. Approximate dollar value of such dealing.

\$273.<sup>00</sup>

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

2769

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**12.b. Amount.**

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Segal Bryant HamillTrade Name, if any: P.O. Box, Bldg., Room No., if any Suite 2150Street 10 S Wacker DrCity ChicagoState ILLINOIS ZIP Code + 4 60606-7407

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CONSTRUCTION WORKERS PENSIONTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2111 W. Lincoln HighwayCity MerrillvilleState Indiana ZIP Code + 4 46410

## 11.a. Nature of such dealing.

Dinner 168<sup>00</sup>  
Drinks 72<sup>00</sup>

## 11.b. Approximate dollar value of such dealing.

\$240<sup>00</sup>

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

## 14.b. Amount of payment.

Name of Person Filing

Richard Greene

File Number U-

2769

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Mesrow Financial

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 350 N Clark

City Chicago

State ILL ZIP Code + 4:

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CONSTRUCTION WORKERS PENSION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 2111 W. Lincoln Highway

City Merrillville

State Indiana ZIP Code + 4 46410

## 11.a. Nature of such dealing.

SOX TICKETS 2 133.00  
Food 54.00

## 11.b. Approximate dollar value of such dealing.

\$187.00

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer, or from any other source of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing Richard GreeneFile Number U- 2769

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank of ChicagoTrade Name, if any: P.O. Box, Bldg., Room No., if any Street One W. MonroeCity ChicagoState ILL ZIP Code + 4 60603

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Construction Workers PensionTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2111 W. Lincoln HighwayCity MerrillvilleState Indiana ZIP Code + 4 46410

## 11.a. Nature of such dealing.

SOX TICKETS 2 148.00  
Food 85.32

## 11.b. Approximate dollar value of such dealing.

233.32

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer, or from any other source, of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing

Richard Greene

File Number U-

2769

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank of ChicagoTrade Name, if any: P.O. Box, Bldg., Room No., if any Street One W. MonroeCity ChicagoState Illinois ZIP Code + 4 60603

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Construction Workers PensionTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2111 W. Lincoln HighwayCity McClintvilleState Indiana ZIP Code + 4 46410

## 11.a. Nature of such dealing.

BUSINESS MEETINGS	
1-9-04	40.60
5-4-04	28.67
9-21-04	88.56
10-5-04	73.09

## 11.b. Approximate dollar value of such dealing.

\$230.92

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.



<p>P.O. Box, Bldg., Room No., if any <input style="width: 150px;" type="text"/></p> <p>Street <input style="width: 150px;" type="text"/></p> <p>City <input style="width: 150px;" type="text"/></p> <p>State <input style="width: 100px;" type="text"/> ZIP Code + 4 <input style="width: 50px;" type="text"/></p>	<p style="text-align: right; font-style: italic;">Member Fee 250.00</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <span style="float: right; border: 1px solid black; padding: 2px;">\$278.88</span></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <span style="float: right; border: 1px solid black; width: 100px; height: 20px;"></span></p>
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<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <input style="width: 150px;" type="text"/></p> <p>Trade Name, if any: <input style="width: 150px;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 150px;" type="text"/></p> <p>Street <input style="width: 150px;" type="text"/></p> <p>City <input style="width: 150px;" type="text"/></p> <p>State <input style="width: 100px;" type="text"/> ZIP Code + 4 <input style="width: 50px;" type="text"/></p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>